

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033274

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

590

Registrar's No.

2451

STATE FILE NUMBER

FILED SEP 11 1962

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Pine LawnLength of stay in lb
6 Mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION SHAMROCK REST HOMEInside Limits
Yes ☒ No ☐

d. STREET ADDRESS Avalon Hotel 339 N. Taylor

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First MARY

Middle

Last SHANNON

4. DATE OF DEATH

Month Aug

Day 22

Year 1962

5. SEX

F

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-19-1873

9. AGE (last birthday)

89

IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Nurse10b. KIND OF BUSINESS OR INDUSTRY
Nursing11. BIRTHPLACE (City and state or country)
South Bethlehem, Pa.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Patrick Shannon

13b. MOTHER'S MAIDEN NAME

Mary Shannon Brennan

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
None

17. INFORMANT

Address

Mr. Edward Smith 5526 Floy

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart disease

INTERVAL BETWEEN ONSET AND DEATH
unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

A.S. dementia, Convalescent Fracture left femur 7/19/62

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 30, 1962, to Aug 22, 1962, and last saw her alive on Aug 21, 1962.
Death occurred at 4:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Lewis Littmann MD

22b. ADDRESS

8231 Clayton Rd (17)

22c. DATE SIGNED

8/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-23-62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Missouri

24. FUNERAL DIRECTOR

ADDRESS

Calvin F. Feutz 4828 Natural Bridge Blvd.

25. DATE RECD. BY LOCAL REG.

8-23-62

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

14000

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88

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert E. Muhleman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.